



REQUEST FOR SUPPLIES (Chapter 31-Vocational Rehabilitation)

PRIVACY ACT INFORMATION: No benefits may be paid unless a completed application form has been received (38 C.F.R. 21.212 and 21.224). The information requested on this form is necessary to determine your entitlement to the benefit for which you have applied. The responses you submit are considered confidential, (38 U.S.C. 5701), formerly 3301. They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

NOTE: SUBMIT TWO COPIES OF THIS FORM TO THE DEPARTMENT OF VETERANS AFFAIRS

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN

REHABILITATION GOAL

VA FILE NUMBER

ADDRESS TO WHICH SUPPLIES MAY BE DELIVERED TO VETERAN (Number and street or rural route, city or P.O., State and ZIP Code)

INSTRUCTIONS TO REHABILITATION SERVICE PROVIDER

A. The Department of Veterans Affairs (VA) may furnish supplies to the veteran named above, who is entering or is already in a VA rehabilitation, independent living, or employment assistance program, if both of the following conditions are met:

1. You require all persons being trained for or employed in the same occupational or independent living goal to personally have the same books, tools, and other supplies; and

2. The veteran does not already have the items which you require.

B. VA will NOT furnish tools or other supplies which commonly are on hand for use of all trainees or employees or which the veteran already owns.

C. If items are required under the conditions stated in A, and are not being requested merely because the veteran desired them, you may request these supplies by completing the section immediately following these instructions. You may continue to list required items on the reverse side of the form and on additional forms.

D. On the reverse of this form, please complete and sign the Request and Certification of Establishment section. Also make sure the veteran signs the Certification of Veteran section.

[illegible]

(√)	ITEM NO. (If applicable)	NAME OF ARTICLE AND DESCRIPTION (Catalog identification, size, etc.)	QUANTITY (Set, pair, etc.)	ESTIMATED COST
				\$
TOTAL ESTIMATED COST OF REQUESTED SUPPLIES ▶				\$
REQUEST AND CERTIFICATION OF ESTABLISHMENT				
<p>TO THE DEPARTMENT OF VETERANS AFFAIRS: Please authorize for the veteran the supplies listed above. The veteran is receiving training, employment, or other rehabilitation services under the VA vocational rehabilitation program. These supplies are not merely desired by the veteran, but are required to be personally owned by all persons training in, employed by, or receiving rehabilitation services in this facility or establishment who have the same occupational or independent living goal as the veteran.</p> <p>If authorized by the Department of Veterans Affairs, this facility or establishment can and will provide the veteran the supplies listed above which are indicated by the (√) before the item number or name of the article. These items will be delivered at the prices indicated under "Estimated Cost".</p>				
For supplies which this facility or establishment cannot furnish, we recommend the following vendors:				
NAME OF VENDOR		ADDRESS OF VENDOR		
DATE SIGNED	SIGNATURE AND TITLE OF OFFICIAL			
NAME OF FACILITY OR ESTABLISHMENT		ADDRESS OF FACILITY OR ESTABLISHMENT		
CERTIFICATION OF VETERAN				
TO THE DEPARTMENT OF VETERANS AFFAIRS: I do not already have in my possession any of the supplies listed above which are usable and available for use in my rehabilitation.				
DATE SIGNED	SIGNATURE OF VETERAN			
CERTIFICATION OF OF CASE MANAGER				
The above list of supplies is in accord with the limitations and restrictions found in 38 U.S. Code 1504 and in applicable VA regulations.				
DATE SIGNED	SIGNATURE OF CASE MANAGER			